

FILED

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E-filing

CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

Plaintiff,

vs.

Defendant.

CASE NO. 3424

**PRISONER'S SBA (PR)**  
**APPLICATION TO PROCEED**  
**IN FORMA PAUPERIS**

I, ELIAS DANIEL AVILA, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ☐ No ☒

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: \_\_\_\_\_ Net: \_\_\_\_\_

Employer: \_\_\_\_\_

1 If the answer is "no," state the date of last employment and the amount of the gross and net  
 2 salary and wages per month which you received. (If you are imprisoned, specify the last  
 3 place of employment prior to imprisonment.)

4 HOLLISTER ELECTRIC, HOLLISTER, CA  
 5 \_\_\_\_\_  
 6 \_\_\_\_\_

7 2. Have you received, within the past twelve (12) months, any money from any of the  
 8 following sources:

- 9 a. Business, Profession or Yes \_\_\_ No ☒  
 10 self employment  
 11 b. Income from stocks, bonds, Yes \_\_\_ No ☒  
 12 or royalties?  
 13 c. Rent payments? Yes \_\_\_ No ☒  
 14 d. Pensions, annuities, or Yes \_\_\_ No ☒  
 15 life insurance payments?  
 16 e. Federal or State welfare payments, Yes \_\_\_ No ☒  
 17 Social Security or other govern-  
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount  
 20 received from each.

21 \_\_\_\_\_  
 22 \_\_\_\_\_

23 3. Are you married? Yes \_\_\_ No ☒

24 Spouse's Full Name: \_\_\_\_\_

25 Spouse's Place of Employment: \_\_\_\_\_

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_

28 4. a. List amount you contribute to your spouse's support: \$ \_\_\_\_\_

- 1           b.     List the persons other than your spouse who are dependent upon you for  
 2                 support and indicate how much you contribute toward their support. (NOTE:  
 3                 For minor children, list only their initials and ages. DO NOT INCLUDE  
 4                 THEIR NAMES.).

5 \_\_\_\_\_  
 6 \_\_\_\_\_  
 7 5.     Do you own or are you buying a home?           Yes \_\_\_\_ No ☒

8 Estimated Market Value: \$ \_\_\_\_\_ Amount of Mortgage: \$ \_\_\_\_\_

9 6.     Do you own an automobile?                       Yes \_\_\_\_ No ☒

10 Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_

11 Is it financed? Yes \_\_\_\_ No \_\_\_\_ If so, Total due: \$ \_\_\_\_\_

12 Monthly Payment: \$ \_\_\_\_\_

13 7.     Do you have a bank account? Yes \_\_\_\_ No ☒ (Do not include account numbers.)

14 Name(s) and address(es) of bank: \_\_\_\_\_

15 \_\_\_\_\_

16 Present balance(s): \$ \_\_\_\_\_

17 Do you own any cash? Yes \_\_\_\_ No \_\_\_\_ Amount: \$ \_\_\_\_\_

18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated  
 19 market value.) Yes \_\_\_\_ No \_\_\_\_

20 \_\_\_\_\_

21 8.     What are your monthly expenses?

22 Rent: \$ \_\_\_\_\_ Utilities: \_\_\_\_\_

23 Food: \$ \_\_\_\_\_ Clothing: \_\_\_\_\_

24 Charge Accounts:

25 <u>Name of Account</u>	<u>Monthly Payment</u>	<u>Total Owed on This Acct.</u>
26 _____	\$ _____	\$ _____
27 _____	\$ _____	\$ _____
28 _____	\$ _____	\$ _____

1 9. Do you have any other debts? (List current obligations, indicating amounts and to  
2 whom they are payable. Do not include account numbers.)

3 NO  
4 \_\_\_\_\_  
5 \_\_\_\_\_

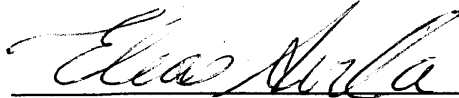
6 10. Does the complaint which you are seeking to file raise claims that have been presented  
7 in other lawsuits? Yes \_\_\_ No ✓

8 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in  
9 which they were filed.  
10 \_\_\_\_\_  
11 \_\_\_\_\_

12 I consent to prison officials withdrawing from my trust account and paying to the court  
13 the initial partial filing fee and all installment payments required by the court.

14 I declare under the penalty of perjury that the foregoing is true and correct and  
15 understand that a false statement herein may result in the dismissal of my claims.

16 7/22/08  
17 DATE

18   
19 SIGNATURE OF APPLICANT

20  
21  
22  
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28

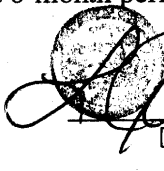
Case Number: \_\_\_\_\_

**CERTIFICATE OF FUNDS**  
**IN**  
**PRISONER'S ACCOUNT**

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of ELIAS DANIEL AVILA for the last six months  
[prisoner name]  
HIGH DESERT STATE PRISON where (s)he is confined.  
[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 11.25 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 11.25.

Dated: 7-31-08

THE WITHIN INSTRUMENT IS A CORRECT  
COPY OF THE TRUST ACCOUNT MAINTAINED  
BY THIS OFFICE  
ATTEST  
  
[Authorized officer of the institution]  
TRUST OFFICE

REPORT ID: TS3030 .701 REPORT DATE: 07/31/08 PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS  
HIGH DESERT STATE PRISON  
INMATE TRUST ACCOUNTING SYSTEM  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JAN. 31, 2008 THRU JUL. 31, 2008

ACCOUNT NUMBER : F34850 BED/CELL NUMBER: ZU000000000000135L  
ACCOUNT NAME : AVILA, ELIAS DANIEL ACCOUNT TYPE: I  
PRIVILEGE GROUP: D

TRUST ACCOUNT ACTIVITY

DATE	TRAN	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
01/31/2008			BEGINNING BALANCE					0.00
02/11*DD30			CASH DEPOSIT	3463 3786		45.00		45.00
02/25 W502			POSTAGE CHARG	3623 POST			2.03	42.97
03/13 FC01			DRAW-FAC 1	3931 Z 2ND			36.00	6.97
04/10 FR01			CANTEEN RETUR	704475			36.00-	42.97
04/10 FC01			DRAW-FAC 1	4501 Z 2ND			36.00	6.97
04/17*DD30			CASH DEPOSIT	4665 4141		22.50		29.47
05/08 FC01			DRAW-FAC 1	5199 Z 1ST			29.47	0.00
05/08 FR01			CANTEEN RETUR	705214			0.10-	0.10
06/12 FR01			CANTEEN RETUR	705854			0.07-	0.17
07/10 W516			LEGAL COPY CH	0171 06/12			0.17	0.00

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
07/14/2008	H118	LEGAL COPIES HOLD	0245 07/03	0.50
07/15/2008	H109	LEGAL POSTAGE HOLD	0263 07/03	2.02
07/16/2008	H109	LEGAL POSTAGE HOLD	0292 07/15	1.51
07/23/2008	H118	LEGAL COPIES HOLD	0493 07/23	1.60

\* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 07/07/06	CASE NUMBER: CR0502163			
COUNTY CODE: SBT	FINE AMOUNT: \$ 5,000.00			
DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
01/31/2008		BEGINNING BALANCE		4,883.00

BY TRUST ACCOUNTING  
A LEGITIMATE STATEMENT  
OF THE TRUST ACCOUNT MAINTAINED  
WITHIN THE DEPARTMENT OF CORRECTIONS  
AND  
THE COUNTY OF LOS ANGELES  
IS A TRUE AND CORRECT  
STATEMENT OF THE TRUST ACCOUNT MAINTAINED  
WITHIN THE DEPARTMENT OF CORRECTIONS

REPORT ID: TS3030 .701  
 HIGH DESERT STATE PRISON  
 INMATE TRUST ACCOUNT STATEMENT

REPORT DATE: 07/31/08  
 PAGE NO: 2

FOR THE PERIOD: JAN. 31, 2008 THRU JUL. 31, 2008

ACCT: F34850 ACCT NAME: AVILA, ELIAS DANIEL ACCT TYPE: I

\* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 07/07/06 CASE NUMBER: CR0502163  
 COUNTY CODE: SBT FINE AMOUNT: \$ 5,000.00

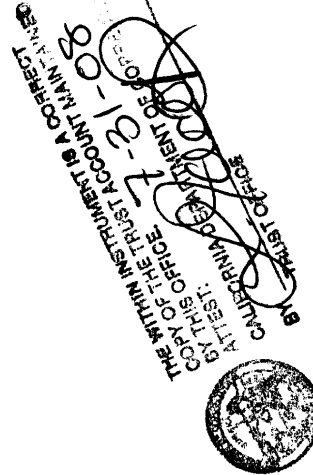
DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
02/11/08	DR30	REST DED-CASH DEPOSIT	50.00-	4,833.00
04/17/08	DR30	REST DED-CASH DEPOSIT	25.00-	4,808.00

\* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT \*  
 \* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. \*

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	67.50	67.50	0.00	5.63	0.00

CURRENT AVAILABLE BALANCE	5.63-
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HOSP  
Elias Daniel Avila  
F34850 2-135  
PO Box 3030  
Susanville CA 96087

23 / 11.50 + 1.17 =  
(11.67)



PAID

**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 12615 WASHINGTON DC

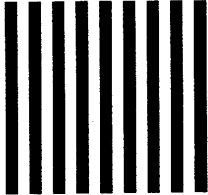
POSTAGE WILL BE PAID BY UNITED STATES COURTS

US DISTRICT COURT  
450 GOLDEN GATE AVE  
PO BOX 36060  
SAN FRANCISCO CA 94102-9660

**STATE PRISON**



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES





SBA  
U.S. DEPARTMENT OF SMALL BUSINESS  
ADMINISTRATION  
08/11/2008